

Approved for release
Approved For Release 2001/08/20 : CIA-RDP57-00384R000100230025-1

A—Annual Leave
O—Other Leave With Pay
W—Leave Without Pay

SUS—Suspension
L—Leave Without Pay
CT—Compensatory Time Worked

TS—Travel Status
HW—Holiday Work
ND—Night Differential Time
OT—Overtime Worked

TIME AND ATTENDANCE REPORT

NOTE.—Above code to be placed on second line of each daily block, below the hours on first line of same block, followed by employee's initials on third line.

Agency	Reporting Unit	Block	Tour of Duty	Pay Period No.																					
NAME OF EMPLOYEE	FIRST WEEK							SECOND WEEK							HOURS IN PAY STATUS				Comp. Time Wkd.	TIME ABSENT					
	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.	KIND	1ST WEEK	2D WEEK	PAY PERIOD TOTAL		ANN.	SICK*	LWOP	COMP.	OTHER	
															Base										
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									

REMARKS:

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Certified correct:

*I certify that this absence was due to illness which incapacitated me for duty.

(Supervisor or timekeeper)

(Telephone)